

SUBSTANCE ABUSE SERVICES CLIENT REGISTRATION FORM

Client Number: Reporting Unit:

Last Name: _____ First Name: _____ Middle: _____ Gen: _____ (Sr., Jr., II, III)

Birthdate: (M=Male, F=Female, O=Other) Sex: SSN:

Enter the number of the highest grade completed. If the

Highest grade completed is greater than 20, enter 20.

Or enter "Z0"

Enter 9's if none and also enter a "Z2" in second set of boxes

Ethnicity: (Up to 5 codes may be used)

A = White

L = Filipino

B = Black/African American

M = Other Asian

C=Native American

O = Unknown

E = Latin American

P = Other Southeast Asian

F = Other Hispanic

Q = Alaskan Native

G = Chinese

R = Asian Indian

H = Vietnamese

S = Guamanian

I = Laotian

T = Hawaiian

J = Cambodian

U = Korean

Hispanic Origin:

1 = of Hispanic Origin

4=Puerto Rican

2= Non-Hispanic

5=Other Latin American

3=Unknown

6=Other Hispanic

Disability:

000 = None (Add the number codes)

001 = Visual

002 = Hearing

004 = Speech Impairment

008 = Mobility

016 = Developmentally Disabled

032 = Other Disability (not AOD)

064 = Mental Health

"Z0" = Client declined to State

"Z4" = Client declined to State

Language:

1 = English

5 = Middle Eastern

2 = Spanish

6 = Sign Language

3 = Asian

7 = Other

4 = Indo-Chinese

5 = Separated

Marital Status:

1= Never Married

2= Now Married

3= Widowed

4 = Divorced/Dissolved/Annulled

Ref Staff ID: Primary RU : Family Size:

Client Address:

Street No.: Direction: City: _____ State: Street Name: _____ Zip Code: Type: Apt. No.: CalOMS Zip Code: Client Homeless: Y/N

Phone Number: (____) _____

*If client Homeless enter: BHRC, 850 East Foothill Blvd., Rialto, CA 92376

Aliases

Last Name: _____ First Name: _____ MI: _____

Client Birth Name: Last: _____ First: _____

Birth:

County Code

State Code

Mother's First Name: _____

Driver's License/CA ID#: (if outside of CA enter "Z3") State (if outside of CA enter "Z3")